

NIEHS Injuries and Illnesses

For

Fiscal Year 2004

Health and Safety Branch
Office of Management
National Institute of Environmental Health Sciences
Research Triangle Park, North Carolina

December 2004



NIEHS FY2004 Injuries and Illnesses

- During FY2004, there were 1.4 injuries and illnesses sustained for each 100 FTE's. This incidence rate is the same as the FY2003 rate (1.4).** NIEHS injury rates compare favorably with other occupational sectors:

 - Federal government (not including USPS) -- 4.19 (FY2003);
 - US Department of Health and Human Services -- 2.00 (FY2003);
 - National Institutes of Health -- 1.70 (FY2003);
 - North Carolina private industry -- 4.0 (CY2002); and
 - NC state government -- 4.0 (CY2002)
- There were 21 reported incidents during FY2004 and of these, 10 were OSHA recordable¹ cases.** Figure 1 shows the distribution of these OSHA cases by major job function performed at the time of the injury (laboratory, administrative, facility support). "Other" includes activities such as walking to/from parking lots and engaging in on-site fitness activities.

There were no lost workday (LWD) cases during FY2004. The LWD case rate (0.0) was decreased from the rate experienced during the previous six years (0.3 cases per 100 FTEs). Over the last ten years, NIEHS has averaged 2.0 LWD cases and 50.4 lost workdays per year.

The most frequently reported incident type was slip-trip-falls resulting in muscle strains, ligament sprains, abrasions and/or contusions. Of the six incidents involving a slip / trip / fall on walking surfaces, only one resulted in an OSHA recordable injury. Four incidents occurred while walking outdoors on sidewalks and parking lots. Adverse weather conditions (i.e., patches of ice on paved surfaces) continue to be a significant risk factor in these incidents.

Fig. 1 - Distribution of OSHA Recordable Cases By Job Function

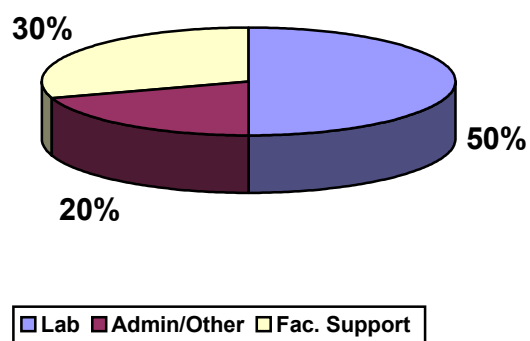
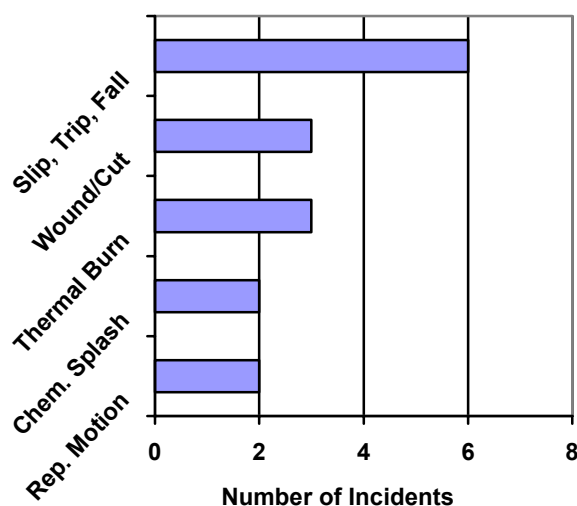


Fig. 2 - Incidents by Type, FY2004



¹ "OSHA recordable" cases are defined as those involving medical treatment beyond first aid, lost work time beyond day of injury, job change, or loss of consciousness.

- Three of the 10 OSHA recordable cases involved wounds to the hands of laboratory staff while manipulating sharp implements (e.g., scalpels and glass pipettes). As in previous years, lacerations continue to be the most predominant injury among research personnel.
- Thermal burns accounted for three of the 21 reported incidents. One of these incidents was OSHA recordable and involved contact with a hot utility pipe within a mechanical space. The other two burn incidents occurred among laboratory personnel, one of which involved a cryogenic burn from contact with liquid nitrogen when a sample tube fractured.
- There were two incidents in which laboratory personnel reported chemical splashes to the face. Fortunately, only small quantities of material were involved and neither incident resulted in physical injury. However, these incidents underscore the vital importance of using eye and face protection during all procedures involving chemicals. Further, when working with chemicals in a laboratory hood, lowering the hood sash as much as practical can provide physical protection from chemical contact exposures as well as improved protection from inhalation exposures.
- On November 26, 2004, OSHA issued a final rule in the Federal Register (69 FR 68793) that requires Federal agencies to use the same recording procedures that apply to private industry, instead of using workers' compensation data. The new rule, which becomes effective on January 1, 2005, is designed to establish consistent recording procedures and comparable workplace injury statistics across all occupational sectors. However, it does not modify any of the existing compensation claim procedures or benefit entitlements under the Federal Employee Compensation Act.

A few of the recordkeeping changes for Federal agencies under the new rule are listed below.

New OSHA Recordkeeping Requirements Based on Private Sector Procedures	Current OSHA Recordkeeping Requirements Based on Worker's Compensation Procedures
Federal agencies must record injuries by contract workers who are supervised on a daily basis by Federal employees	Only Federal employee injuries are recorded
Outside medical evaluation and x-rays for diagnostic purposes are considered first aid and would not be OSHA recordable	Any incident involving expense for outside medical services is compensable and therefore OSHA recordable
Injuries and illnesses arising from certain activities, even if occurring on the work premises, are not work-related and are not OSHA recordable, such as – <ul style="list-style-type: none"> • Voluntary participation in fitness and wellness programs; • Parking lot and access road accidents 	Most injuries and illnesses arising from the use of government provided or sponsored facilities are compensable and therefore OSHA recordable

New OSHA Recordkeeping Requirements Based on Private Sector Procedures	Current OSHA Recordkeeping Requirements Based on Worker's Compensation Procedures
Injuries and illnesses are reported on a calendar year basis (Jan – Dec)	Injuries and illnesses are reported on a fiscal year basis (Oct – Sept)
Federal agencies will use Private sector recordkeeping forms: <ul style="list-style-type: none"> • OSHA Form 300 – Log of work related injuries and illnesses • OSHA Form 300-A – Summary • OSHA Form 301 – Injury and Illness Incident Report 	An annual summary of Federal employee injuries and illnesses is listed on an OSHA 200 Log.
Applicable requirements codified at 29 CFR 1904, Subparts C, D, E, and G	Requirements codified at 29 CFR 1960, Subpart I

Table 1
NIEHS Injuries and Illnesses by Program Area, FY2004

Division	Lab/Branch	OSHA Recordable Cases		
		No. Cases	Lost Work Day Cases	No. Lost Work Days
OM	FEB	4	---	---
DIR	OSD	4	---	---
	LMG	1	---	---
	LRB	1	---	---
Totals		10	0	0

Note: OSHA Recordable Cases include those involving medical treatment beyond one-time first aid, lost work time beyond the day of injury, job change, or loss of consciousness.

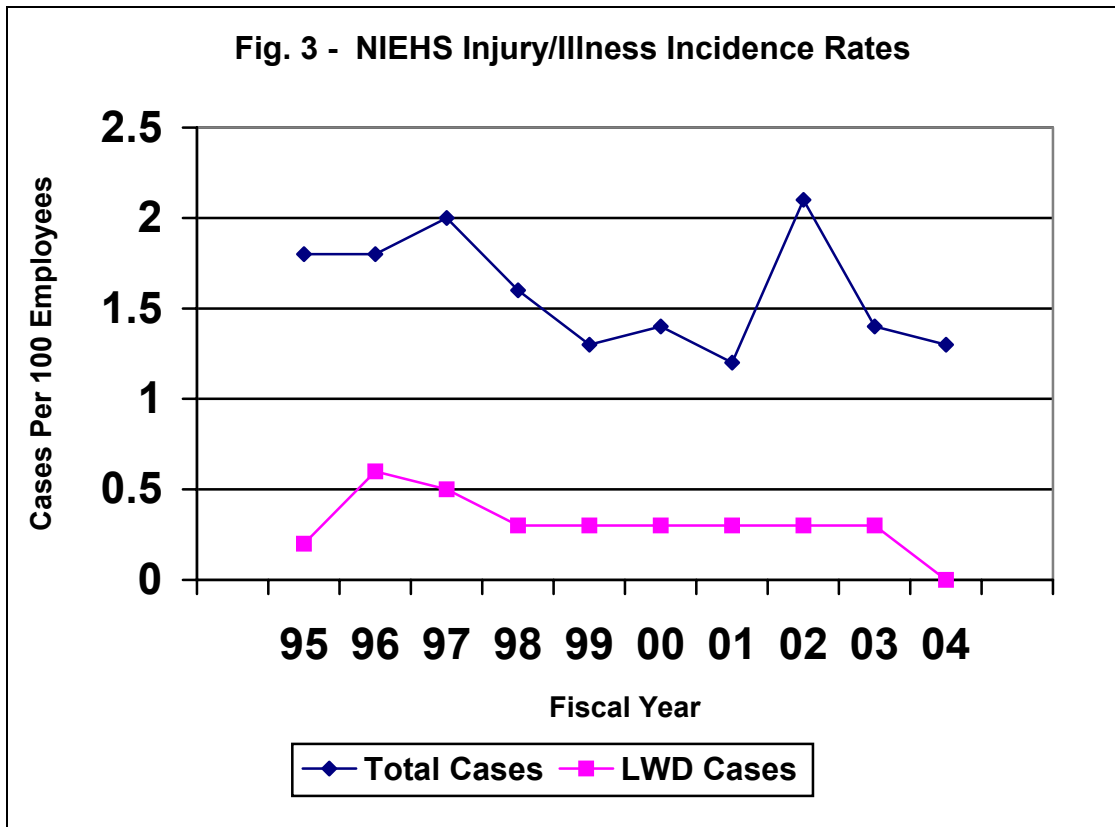


Table 2
NIEHS Injury / Illness Incidence Rates (Cases per 100 Employees) and
Number of Lost Workday Cases; Fiscal Years 1995 -- 2004

Fiscal Year	Total Injury & Illness Rate	Lost Workday Case Rate	No. of Lost Workday Cases	No. of Lost Workdays
1995	1.8	0.2	1	21
1996	1.8	0.6	4	55
1997	2.0	0.5	3	254
1998	1.6	0.3	2	6
1999	1.3	0.3	2	50
2000	1.4	0.3	2	5
2001	1.2	0.3	2	35
2002	2.1	0.3	2	37
2003	1.4	0.3	2	41
2004	1.4	0.0	0	0
Ten Year Average	1.6	0.3	2	50.4

Table 3
Number of NIEHS Injuries by Type of Injury, FY2004
Including All OSHA Recordable Injuries and Non-Recordable Incidents

Type of Injury	Laboratory	Support Operations	Administrative And Other	Totals
Laceration; Abrasion; Puncture	4	---	1	5
Contusion; Bruise	2	1	2	5
Strain; Sprain	1	1	4	6
Fracture	---	---	---	0
Chemical Irritation; Burn	2	---	---	2
Thermal Burn	2	1	---	3
Totals	11	3	7	21

Table 4
Number of NIEHS Injuries by Anatomical Location of Injury, FY2004
Including All OSHA Recordable Injuries and Non-Recordable Incidents

Anatomical Location of Injury	Laboratory	Support Operations	Administrative And Other	Totals
Head/Neck	5			5
Eyes	1			1
Trunk/Torso				
Back	1		3	4
Shoulder			1	1
Arm/Elbow		1		1
Hand/Wrist	3	1	1	5
Finger	3			3
Hip			1	1
Leg/Thigh			1	1
Knee			2	2
Ankle		1		1
Foot/Toe		1	1	2
Totals	13	4	10	27

Laboratory -- Laboratory and animal handling/care taking activities

Support Operations -- Activities involving facility maintenance, warehousing, waste management, etc.

Administrative -- Office, managerial, and clerical activities

Other -- Other activities, e.g., walking to/from parking lots, on-site fitness activities, etc.

OSHA 200 LOG OF INJURIES AND ILLNESSES
NIEHS -- FISCAL YEAR 2004

2004-Dec-06

Period: 2003-Oct-01 to 2004-Sep-30

Date of Incident	Job Title	NIEHS Lab/ Branch	Nature of Injury	Body Part	Days Absent
2003-Oct-03	SPECIAL ASSISTANT (ADMIN)	DIR/OSD	Musculoskeletal Trauma - Strain/Sprain	Foot	
2003-Oct-15	VISITING FELLOW	DIR/LMT	Other - Face & Eye Irritation	Eyes, Face	
*2003-Oct-16	BIOLOGIST	DIR/OSD	Wound - Laceration	Head	
*2003-Oct-27	POST DOCTORAL FELLOW	DIR/LMG	Wound - Laceration	Finger	
*2003-Oct-30	SCIENTIST	DIR/OSD	Wound - Puncture (needle, pipette)	Finger	
2003-Oct-31	STATISTICIAN	DIR/BB	Wound - Abrasion	Hand, Knee	
*2003-Nov-19	POST DOC	DIR/LRB	Wound - Laceration	Head, Finger	
*2003-Dec-30	MECHANICAL ENGINEER	OM/FEB	Musculoskeletal Trauma - Strain/Sprain	Leg	
*2004-Jan-12	PIPEFITTER	OM/FEB	Burn - Thermal	Ankle	
2004-Jan-12	VISITING POSTDOCTORAL FELLOW	DIR/LRDT	Burn - Chemical	Neck, Face	
2004-Jan-29	PIPEFITTER	OM/FEB	Musculoskeletal Trauma - Bruise/Contusion	Back, Shoulder	
2004-Jan-30	ELECTRONIC CONTROLS MECHANIC	OM/FEB	Musculoskeletal Trauma - Bruise/Contusion	Back, Knee, Whole Body	
2004-Feb-02	SCIENTIST	DIR/LST	Burn - Chemical	Hand	
*2004-Mar-04	BUILDING ENGINEER	OM/FEB	Musculoskeletal Trauma - Bruise/Contusion	Foot	
2004-Mar-17	RESEARCH FELLOW	DIR/LWH	Musculoskeletal Trauma - Strain/Sprain	Wrist	
*2004-Jun-24	TOXICOLOGIST	DIR/OSD	Musculoskeletal Trauma - Bruise/Contusion	Head	
2004-Jul-12	COMPUTER SPECIALIST	DIR/OSD	Musculoskeletal Trauma - Strain/Sprain	Back	
2004-Jul-15	SECRETARY	OM/HSB	Musculoskeletal Trauma - Strain/Sprain	Hand	
2004-Jul-19	STAFF SCIENTIST	DIR/LEP	Musculoskeletal Trauma - Bruise/Contusion	Back	
*2004-Aug-04	PIPEFITTER	OM/FEB	Musculoskeletal Trauma - Strain/Sprain	Arm, Hand	
2004-Aug-10	VISITING FELLOW	DIR/LRDT	Burn - Thermal	Hand	

* - OSHA Recordable Cases

Page 1 of 1